| MULTIPLE DEPENDENT CLAIM | | | | | | | | SERIAL NO. | | | | FILING DATE | | | |
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| FEE CALCULATION SHEET | | | | | | | | 10/F | 10/558440 | | | | | | |
| (FOR USE WITH FORM PTO-875) | | | | | | | | APPLICANT(S) | | | | <u> </u> | | | |
| 1/28/85 CLAIMS | | | | | | | | | | | | | | | |
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